

Date _____

Hi! Welcome to your Teen Clinic

Your name _____ Birthday _____
First Middle Last

Address _____ City _____ Zip _____

Phone # that's safe for us to call _____ Who's # is it? _____

If you're in school, what school? _____

What can we do for you tonight?

What is the MAIN reason why you are here tonight? _____

What else are you here for?

- **I need a NEW birth control method:** *If you already know what kind, circle it/them:*

Pills Depo (shot) Norplant IUD Condoms

Emergency Contraceptive Pill Diaphragm Foam Other

- **I need a refill on my birth control. What kind?** _____
- **I need more information about birth control.**
- **I am having problems with my or my partner's birth control method.**
- **I might have an infection (STD.) I need an infection check.**
- **I might be pregnant. I need a pregnancy test.**
- **I need a hepatitis shot.**
- **I have private things I'd like to talk with someone about.**
- **I would like to talk to the YES counselor.**
- **Other:** _____ (To help us serve you better, please tell us)
- **At what time do you *absolutely* have to leave?** _____
(You will probably be here for an hour or more, depending on how many people are in front of you)
- **Where are you staying? (circle):**
Parents Friends By myself Girlfriend Boyfriend
Relative/s Wife Husband Shelter Other